



**Application
California Attorney General's Honors Program
and
Earl Warren Solicitor General Fellowship**

Name: _____

Address: _____

Permanent Address (if different from above):

Email: _____ Phone: _____

Applying for: (You may apply to both. If so, check both and **complete both essays**, see below)
Attorney General's Honors Program
Earl Warren Solicitor General Fellowship

For applicants to the Attorney General's Honors Program, please rank the divisions (Civil, Criminal and Public Rights) according to your preference. We will make every effort to honor preferences, but assignments will depend on staffing needs.

First choice: _____ Second choice: _____

Applicants to the Earl Warren Solicitor General Fellowship will work exclusively in the Solicitor General's Office and do not need to rank divisions.

Educational Background:

College: _____

City and State _____ Dates attended: _____

Degree/Major: _____ GPA/Class Rank _____

Additional College (if applicable): _____

City and State _____ Dates attended: _____

Degree/Major: _____ GPA/Class Rank _____

Applicant Name _____

Law School: _____

City and State _____ Dates attended: _____

Degree: _____ GPA/Class Rank _____

Additional Graduate Programs (if applicable): _____

City and State _____ Dates attended: _____

Degree: _____ GPA/Class Rank _____

Please provide the name, contact information, and a description of how you know the individuals providing your letters of recommendation (e.g., former professor, former internship supervisor). At least one letter should be from a law school professor.

First Recommender	Second Recommender

Please list all bar memberships

Jurisdiction	Date of admission	Have you ever faced any disciplinary action? If yes, please explain on a separate sheet.

Please list any upcoming bar exams you plan to take

Jurisdiction	Test date

Have you ever been expelled or faced disciplinary action for violation of academic policies?

_____ Yes (if yes, please explain on a separate sheet)

_____ No

Applicant Name_____

Have you ever lost any kind of professional license in any jurisdiction or had your professional license restricted, limited, suspended, revoked, cancelled or placed on probation?

_____Yes (if yes, please explain on a separate sheet)

_____No

Have you ever been convicted of any crime as an adult?

_____Yes (if yes, please explain on a separate sheet)

_____No

Personal Statement:

Applicants to both the Attorney General's Honors Fellowship and the Solicitor General Fellowship must include a personal statement of no more than 1,000 words. The statement should address:

- Why you are interested in the Attorney General's Honors Program
- Your commitment to public service
- Which division you are interested and why
- Any relevant work or volunteer experience

Applicants to the Solicitor General Fellowship ONLY: Please submit an additional statement of no more than 500 words. The statement should address:

- Your interest in appellate work
- Any advocacy experience
- Any other relevant experience or coursework

Applicant Name_____

EQUAL EMPLOYMENT OPPORTUNITY

APPLICANT: For statistical tracking purposes (Gov. Code, sec. 19705), please provide the following information. This sheet will be separated from the application and will not be used in any employment decisions.

Gender: _____ Male _____ Female

Ethnic Category (Please check the box that best describes your race/ethnicity):

- ☐ **AMERICAN INDIAN or ALASKAN NATIVE** – Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Tribal Identification or Affiliation: _____
- ☐ **ASIAN** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This includes China, Japan, and Korea.
- ☐ **BLACK** – Persons having origins in any of the black racial groups of Africa.
- ☐ **FILIPINO** – Persons having origins in any of the original peoples of the Philippine Islands.
- ☐ **HISPANIC** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **PACIFIC ISLANDERS** – Persons having origins in the Pacific Islands, such as Samoa.
- ☐ **WHITE** – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Other** (Specify) _____

If Applicable:

- ☐ **DISABLED** – A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record of history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.
- ☐ **MILITARY** – A military veteran; a widow or widower of a veteran; or spouse of a 100% disabled veteran.